

FOR INSTRUCTIONS, SEE BACK OF FORM

IA ETHICS AND CAMPAIGN

CHECK ONE:

- ☐ This is an Initial* Statement of Organization
☐ This is an amended* Statement of Organization

*An Initial Statement of Organization must be filed within 10 days of the committee's accepting contributions, making expenditures, or incurring indebtedness exceeding \$750. Amendments must be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization. A candidate with an open committee that exceeds \$750 in activity for another office shall file within 10 days either a new or amended DR-1 disclosing information concerning the campaign for the new office sought.

FORM DR-1 (Rev. 04/2006)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	1788
Indexed	
Audited	
Computer	DP JWP S

COMMITTEE NAME ↓ (A candidate's committee must include the candidate's last name in the name of the committee.)

ROBINSON FOR IOWA 35

IMPORTANT: Indicate type of committee you are reporting for:

- (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)

COMMITTEE TREASURER (mandatory for all committees)

Name: Patricia L. Henrich
Mailing Address: 3505 Clover Dr SW
City, State, Zip Code: Cedar Rapids, IA 52404
Phone: 319 431-2992
e-Mail:

COMMITTEE CHAIR (mandatory except for a candidate's committee)

Name: JOE MICHAEL
Mailing Address: 1607 YUMA DRIVE NW
City, State, Zip Code: CEDAR RAPIDS IA 52405
Phone: 319 286-8064
e-Mail: j.michael@mchsi.com

INDICATE PURPOSE OF COMMITTEE - Check One Box

Comment or description:

All Candidates Enter: STATE REPRESENTATIVE
Office Sought:

Political Party (if applicable): DEMOCRATIC

District: 35

Year Standing for Election: 2008

Bank Account Name (must match committee name)

Name of Financial Institution/type of Account

Mailing Address

City State Zip

County/Local Candidates and Local Ballot Committees Enter:

County: LINN
(If active in multiple ballot issue elections, attach list of counties)

Date of Election: NOV. 4, 2008

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

Name: MIKE ROBINSON
Mailing Address: PO Box 22
City, State, Zip: CENTRAL CITY IA 52214
Phone: 319 438-1045
e-Mail: ROBINSONFORIOWA35@live.com

STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:

- The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.
- That Iowa Code section 68A.402 and rule 351-4.8 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.
- That Iowa Code section 68A.405 and rules 351-4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule. A committee that wishes to register a committee name for purposes of using the shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form in lieu of filing this form.
- That Iowa Code section 68A.503 and rules 351-4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.
- A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.301 through 68A.303 and rule 351-4.25.
- That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-5) has been filed.

Signature of Treasurer

Date Signed

Date Signed